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Bib Data Sheet

CONFIRMATION NO. 9150

SERIAL NUMBER 10/750,190	FILING OR 371(c) DATE 12/30/2003 RULE	CLASS 711	GROUP ART UNIT 2185	ATTORNEY DOCKET NO. SNDK.334US0
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APPLICANTS

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** CONTINUING DATA *****

None, n

** FOREIGN APPLICATIONS *****

None, n

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Adaptive mode switching of flash memory address mapping based on host usage characteristics

FILING FEE RECEIVED 1114	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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